

*Prepared by and return to:*  
*David F. Delgado, Attorney*  
*DELGADO LAW FIRM, PLLC*  
*5779 Getwell Road, Bldg. D, Suite 5*  
*Southaven, MS 38672*  
*662-536-2120*  
*MS Bar No. 99983*

Address of Grantor:  
3107 Comet Cove  
Memphis, TN 38118  
Residence Phone: 901-246-7609  
Business Phone: n/a

Address of Grantee:  
3107 Comet Cove  
Memphis, TN 38118  
Residence Phone: 901-246-7609  
Business Phone: n/a

Indexing Instructions: Section 10, Township 2 South, Range 8 West

**ADMINISTRATOR'S/EXECUTOR'S DEED**

**\*\*\*\*NO TITLE WORK REQUESTED OR PERFORMED\*\*\*\***

**FREDERICK J. OSTERLOH, III, CO-ADMINISTRATOR and  
JUDITH M. REYNOLDS, CO-ADMINISTRATOR OF THE  
ESTATE OF GLORIA M. OSTERLOH, DECEASED,**

**GRANTORS**

**TO**

**FREDERICK J. OSTERLOH, III, and  
JUDITH M. REYNOLDS, and  
ROBERT MARSHALL OSTERLOH, and  
MARGARET SUSAN HAMMOCK,**

**GRANTEES**

**FOR AND IN CONSIDERATION** of the sum of Ten Dollars (\$10.00), cash in hand paid, and other good and valuable considerations, the receipt and of which is hereby acknowledged, the undersigned, **FREDERICK J. OSTERLOH, III, CO-ADMINISTRATOR and JUDITH M. REYNOLDS, CO-ADMINISTRATOR OF THE ESTATE OF GLORIA M. OSTERLOH, DECEASED,** hereby conveys and quitclaims to **FREDERICK J. OSTERLOH, III, JUDITH M. REYNOLDS, ROBERT MARSHALL OSTERLOH, and MARGARET SUSAN**

**HAMMOCK**, the following described real property located and situated in DeSoto County, Mississippi, more particularly described as follows, to-wit:

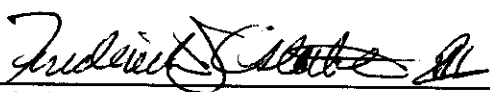
Lot 84, Section B, Applecreek Subdivision, situated in Section 10, Township 2, South, Range 8 West, DeSoto County, Mississippi, as recorded in Plat Book 27 Pages 23-26, in the Chancery Clerk's Office of DeSoto County, Mississippi, to which reference is hereby made for a more particular description of said property.


Title to the aforementioned property was held by Fred J. Osterloh, Jr. and wife, Gloria M. Osterloh. The said Fred J. Osterloh died on 12/10/2000, leaving as the survivor of a tenancy by the entirety, his wife, Gloria M. Osterloh, to whom all title was thereby vested. The said Gloria M. Osterloh, having died on November 21, 2008, leaving as the heirs, her children, Frederick J. Osterloh III, Judith M. Reynolds, Robert Marshall Osterloh, and Margaret Susan Hammock, to whom title is now vested under Cause No. 09-04-0745, in the Chancery Clerk's Office of DeSoto County, Mississippi. A copy of both death certificates are attached for reference.

This conveyance is subject to restrictive covenants and utility easements shown on plat of said subdivision, subdivision and zoning regulations in effect in DeSoto County, Mississippi, rights of ways and easements for public roads and public utilities and all applicable building restrictions and easements of record, Health Department regulations in effect in DeSoto County, Mississippi, and any prior reservation of minerals of every kind and character, including, but not limited to, oil, gas, sand and gravel, in, on and under the aforescribed real property.

Possession is to be given upon delivery of the deed.

**WITNESS THE SIGNATURE** of the Grantor this the 8<sup>th</sup> day of October, 2009.

  
Frederick J. Osterloh III, Co-Administrator

  
Judith M. Reynolds, Co-Administrator

STATE OF Fayette GA

COUNTY OF Fayette

Personally appeared before me, the undersigned authority in and for the said county and state, the within named **Frederick J. Osterloh, III, Co-Administrator of the Estate of Gloria M. Osterloh, Deceased** and acknowledged that he, acting as Co-Administrator for **Estate of Gloria M. Osterloh, Deceased**, and that in said Co-Administrator's capacity, executed the above and foregoing instrument, on behalf of **Estate of Gloria M. Osterloh, Deceased** and acknowledged that he executed the same as the free act and deed of said **Estate of Gloria M. Osterloh, Deceased**, after first having been duly authorized so to do.

WITNESS my Notarial Seal at office this 8<sup>th</sup> day of October, 2009.

[Signature]  
Notary Public

My Commission Expires: Sept 5. 2010

**KARL L. DODDS**  
**NOTARY PUBLIC, FAYETTE COUNTY, GA**  
**MY COMMISSION EXPIRES SEPT. 5, 2010**

STATE OF MISSISSIPPI

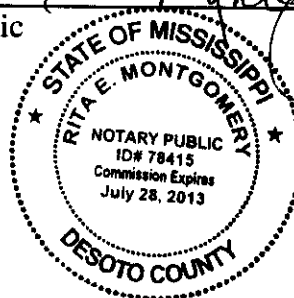
COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and for the said county and state, the within named **Judith M. Reynolds, Co-Administrator of the Estate of Gloria M. Osterloh, Deceased** and acknowledged that she, acting as Co-Administrator for **Estate of Gloria M. Osterloh, Deceased**, and that in said Co-Administrator's capacity, executed the above and foregoing instrument, on behalf of **Estate of Gloria M. Osterloh, Deceased** and acknowledged that she executed the same as the free act and deed of said **Estate of Gloria M. Osterloh, Deceased**, after first having been duly authorized so to do.

WITNESS my Notarial Seal at office this 14<sup>th</sup> day of October, 2009.

[Signature]  
Notary Public

My Commission Expires: 07/28/13





TENNESSEE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

DK W BK 621 PG 16

NAME OF DECEASED:  
For use by physician or institution

DISPOSITION

REGISTRAR

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER  
EX-AMINER EX-AMINER  
COMPLETE AND  
MEDICAL CERTIFI-  
N WITHIN 48  
S.

INSTRUCTIONS  
ON OTHER SIDE

CAUSE OF  
DEATH

559  
3-98

1. DECEDENT'S NAME (First, Middle, Last) <b>Frederick Joseph OSTERLOH, JR</b>		2. SEX <b>Male</b>		STATE FILE NUMBER	
4. SOCIAL SECURITY NUMBER (of Decedent) <b>410-24-2806</b>		5a. AGE LAST BIRTHDAY (years) <b>76</b>		5b. UNDER 1 YEAR MOS. DAYS HOURS MIN.	
6. DATE OF BIRTH (Month, Day, Year) <b>Jan 2, 1924</b>		7. BIRTHPLACE (City and State or Foreign Country) <b>Memphis, TN</b>		3. DATE OF DEATH (Month, Day, Year) <b>December 7, 2000</b>	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) HOSPITAL: 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA OTHER: 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)		9b. FACILITY NAME (If not institution, give street and number) <b>Baptist East</b>	
10. MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>Gloria Principi</b>		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Engineer</b>	
13a. RESIDENCE-STATE <b>MS</b>		13b. COUNTY <b>Desoto</b>		13c. CITY, TOWN OR LOCATION <b>Nesbitt</b>	
13d. STREET AND NUMBER OR RURAL LOCATION <b>2330 McIntosh</b>		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No; if yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15. RACE-American Indian, Black, White, etc. (Specify) <b>White</b>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) <b>4</b>		17. FATHER'S NAME (First, Middle, Last) <b>Frederick J. Osterloh, Sr</b>		18. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Freda Love Butler</b>	
19a. INFORMANT'S NAME (Type/Print) <b>Gloria Osterloh</b>		19b. RELATIONSHIP TO DECEASED <b>Wife</b>		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>2330 McIntosh Nesbitt, MS 38657</b>	
20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Memphis Memory Gardens</b>		20c. LOCATION-City or Town, State <b>Memphis, TN</b>	
21a. SIGNATURE OF FUNERAL DIRECTOR <b>Candace Stokes</b>		21b. LICENSE NUMBER OF FUNERAL DIRECTOR <b>4189</b>		21c. SIGNATURE OF EMBALMER <b>G.David Keller</b>	
21d. LICENSE NUMBER OF EMBALMER <b>4327</b>		22a. NAME AND ADDRESS OF FUNERAL HOME <b>Memphis Funeral Home Poplar P.O. Box 17069 Memphis, TN 38187-0069</b>		22b. LICENSE NUMBER OF FUNERAL HOME <b>416</b>	
23. REGISTRAR'S SIGNATURE <b>[Signature]</b>		24. DATE FILED (Month, Day, Year) <b>JAN 09 2001</b>		25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated. 1 <input checked="" type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <b>[Signature]</b>	
25b. LICENSE NUMBER <b>024417</b>		25c. DATE SIGNED (Month, Day, Year) <b>1/2/01</b>		26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion death occurred at the date and place, and due to the cause(s) and manner as stated. 2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER	
26b. LICENSE NUMBER		26c. DATE SIGNED (Month, Day, Year)		27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) <b>Todd Edwards, M.D. 930 Madison Suite 890 Memphis, TN 38103</b>	
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>CARDIOGENIC SHOCK</b> DUE TO (OR AS A CONSEQUENCE OF): b. <b>PROTAMINE REACTION</b> DUE TO (OR AS A CONSEQUENCE OF): c. <b>CORONARY ARTERY BYPASS GRAFTING</b> DUE TO (OR AS A CONSEQUENCE OF): d. <b>SEVERE CORONARY ARTERY DISEASE</b> Approximate Interval Between Onset and Death		29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
30. MANNER OF DEATH 1 <input type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be Determined 3 <input type="checkbox"/> Suicide 8 <input type="checkbox"/> Homicide 4 <input type="checkbox"/>		31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY <b>M 2</b>	
31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		31d. DESCRIBE HOW INJURY OCCURRED		31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)	
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		File # 200684708 OR BK 2675 Pages 432-433 RECORDED 11/28/06 16 03 59 Mary M Johnson Clerk Santa Rosa County Florida		BIRTH NO.	

DEPUTY CLERK GP  
#2

RNA 1100

## EXHIBIT 1

MISSISSIPPI STATE DEPARTMENT OF HEALTH  
VITAL RECORDS

DK W BK 621 PG 17

TYPE OR PRINT  
WITH BLACK INKFILING  
DATE DEC 9 5 2008CERTIFICATE OF DEATH  
STATE OF MISSISSIPPISTATE FILE  
NUMBER

12308-024939

DECEASED

1. NAME First Middle Last <b>GLORIA MARGARET PETERSON</b>	2. SEX <b>FEMALE</b>	3a. HOUR OF DEATH <b>5:30P.m.</b>	3b. DATE OF DEATH (Month, Day, Year) <b>NOVEMBER 21, 2008</b>
4. RACE (Specify White, Black, American Indian, etc.) <b>WHITE</b>	5a. AGE AT LAST BIRTHDAY <b>82</b> Years	5b. MOS <b>144</b>	5c. DAYS <b>9+</b>
6. DATE OF BIRTH (Month, Day, Year) <b>OCT. 12, 1926</b>	7a. COUNTY OF DEATH <b>DESOTO</b>	7b. CITY OR TOWN OF DEATH <b>SOUTHAVEN</b>	7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) <b>BAPTIST HOSPITAL-DESOTO 17B</b>
8. STATE OF BIRTH <b>TN</b>	9. DECEASED'S EDUCATION (Specify only highest grade completed) <b>College (14-16)</b>	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>NONE</b>
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) <b>NO</b>	13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) <b>AMERICAN</b>	14. SOCIAL SECURITY NUMBER <b>414-26-9627</b>	15a. USUAL OCCUPATION (Kind of work done, most of working life) <b>TAX RETURNS</b>
15b. KIND OF BUSINESS OR INDUSTRY <b>I R S</b>	16a. RESIDENCE—STATE <b>MS</b>	16b. COUNTY <b>DESOTO</b>	16c. CITY OR TOWN <b>HORN LAKE</b>
16d. INSIDE CITY LIMITS (Specify Yes or No) <b>YES</b>	16e. STREET AND NUMBER OR RURAL LOCATION <b>2330 MacIntosh</b>	17. FATHER—NAME First Middle Maiden <b>JANE PRINCIPI ALMA ARTIOLI</b>	18. MOTHER—NAME First Middle Maiden <b>ALMA ARTIOLI</b>
19a. INFORMANT—NAME (Type or print) <b>JUDY REYNOLDS</b>	19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>3107 COMET COVE, MEMPHIS, TN 38118</b>	20a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	20b. CEMETERY, CREMATORY—NAME <b>MEMPHIS MEMORY GDNS.</b>
20c. LOCATION (City and State) <b>MEMPHIS, TN</b>	20d. EMBALMER—SIGNATURE AND NUMBER <b>EMBALMED IN TN</b>	21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER <b>MEMPHIS FUNERAL HOME TN416</b>	21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>P.O. BOX 17069, MEMPHIS, TN 38187-0069</b>
22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) <b>AYESHA MUZAMMIL, MD</b>	22b. PRONOUNCED DEAD (Month, Day, Year) <b>ON NOVEMBER 21, 2008</b>	22c. PRONOUNCED DEAD (Hour) <b>5:30P.m.</b>	23a. CERTIFIER—NAME (Type or print) <b>JEFFERY POUNDERS, CMEI</b>
23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>4942 POUNDERS RD, NESBIT, MS 38651</b>	24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE <b>MD</b>	24b. DATE SIGNED (Month, Day, Year) <b>NOVEMBER 25, 2008</b>	24c. STATE LICENSE NUMBER <b>DESOTO COUNTY CMEI</b>
24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) <b>NOVEMBER 25, 2008</b>	25. PART I: IMMEDIATE CAUSE (Enter one cause only): (a) <b>ACUTE-ON-CHRONIC RESPIRATORY FAILURE</b> DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (b) <b>CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b> DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (c) <b>CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b>	26. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I <b>NO</b>	27. AUTOPSY (Yes or No) <b>NO</b>
28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) <b>YES</b>	29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify) <b>NO</b>	29b. DATE OF INJURY (Month, Day, Year) <b>NO</b>	29c. HOUR OF INJURY (Month, Day, Year) <b>NO</b>
29d. INJURY AT WORK (Yes or No) <b>NO</b>	29e. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.) <b>NO</b>	29f. LOCATION Street or route number City or town State <b>NO</b>	29g. LOCATION Street or route number City or town State <b>NO</b>

Had Decedent been Pregnant Within 90 Days Prior to Death?  
☐ Yes ☐ No

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

DEC-9 2008

Judy Moulder  
STATE REGISTRAR

## WARNING:

A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THIS IS WATERMARKED PAPER. DO NOT ACCEPT WITHOUT FIRST HOLDING TO LIGHT TO VERIFY WATERMARK.